

From: Info <Info@ECFMG.org>
Sent: Tuesday, November 9, 2021 10:26 AM
To: markzwanz@gmail.com
Subject: [REDACTED]

Dear Doctor,

I am writing in response to your email below.

Please be advised that the process to request that your current USMLE® Step 1 application be amended to include testing accommodations are as follows:

Please send an email to info@ecfm.org, put the name “Dana” in the subject line and submit a signed, written request in the form of a letter as a **PDF attachment** with the following information:

- Your name
- USMLE/ ECFMG ID number
- A statement that you would like to reapply with Testing Accommodations and that you would like us to cancel the current registration.
- The specific USMLE Step Exam concerned (USMLE Step 1 and/or USMLE Step 2CK)
- Your Handwritten signature

You must also contact Disability Services at the National Board of Medical Examiners (NBME®) to apply and submit documentation in support of your application. Please visit <https://www.usmle.org/step-exams/test-accommodations> for more information about the guidelines, qualifications and application procedure for requesting testing accommodations.

You may also contact NBME Disability Services directly at:

Disability Services
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102
Telephone: (215) 590-9700
Facsimile: (215) 590-9422
e-mail: disabilityservices@nbme.org

Regards,

Malik Al-Jumuah

Advisor



Educational Commission for Foreign Medical Graduates

3624 Market Street | Philadelphia, PA 19104-2685

Email: info@ecfm.org | Phone: 215.386.5900 | Facsimile: 215.386.9196



From: M Z <markzwanz@gmail.com>
Sent: Friday, October 22, 2021 1:12 PM
To: Info <Info@ECFMG.org>; ECFMG Online Services <OnlineServices@ECFMG.org>
Subject: Request for Accommodations (USMLE/ECFMG ID No. [REDACTED])

DEFENDANT'S
EXHIBIT

81

External Email. Please Proceed with Caution.

To Whom This Concern,

I am writing to you today to request changing my current testing application to one with testing accommodations for my approved USMLE Step 1 application. I have Attention Deficit Hyperactivity Disorder and Testing anxiety that requires me to take more time during testing. I have attached several documents to this supporting diagnosis and reasoning for requesting Testing Accommodations. Thank You in advance.

Regards,

Dr. M. Kitchens Jr.



Fax

Markius Kitchens

Recipient

Recipient's Company/Department

INTERNAL MEDICINE/

Dr. Khan

Sender

815-758-8671

Fax: 815-756-4890

Sender's Phone/Email

Markius Kitchens 1-26-92

Subject

Recipient's Phone

markzwanz @

Recipient's Fax

gmail.com

4-23-20

Date

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Number of pages (including cover)

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NBMEECFMG0053



April 22, 2020

Markcus Kitchens
806 Fotis Dr.
Apt #1
Dekalb IL 60115

To whom it may concern ;

This is to certify that Marcus kitchens is my patient, he has significant anxiety and is under my treatment. I will suggest exam coordinators to provide him some relaxation allowed in the rules so that it will be easier on him to undergo the exam.

If you have any questions please do not hesitate to call me

Thank you for including us as members of your health care team.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ghori S. Khan'.

Ghori S. Khan, MD

1850 GATEWAY DRIVE
SYCAMORE IL 60178-3192
Phone: 815-758-8671
Fax: 815-756-4892

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NBMEECFMG0054



NM Dermatology
1850 GATEWAY DRIVE
SYCAMORE IL 60178-3192

Kitchens, Marcus
MRN: 111012222959, DOB: [REDACTED] Sex: M
Visit date: 10/5/2020

10/05/2020 - Office Visit in NM Dermatology (continued)

Provider Progress Notes (continued)

Prompt	Yes/No	Diagnosis	Comments	Date
No relevant medical history.				

No Known Allergies

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis	Date
• ADHD	2013

Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION All 4		2009

FAMILY HISTORY:

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• No Known Problems	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	

SOCIAL HISTORY:

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	Never
Frequency:	Never

Occupation: medial student

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• busPIRone 5 mg tablet	Take 1 tablet by mouth 2 (two) times daily as needed for other (Anxiety).	60 tablet	2
• dextroamphetamine-amphetamine 15 mg tablet	Take 1 tablet by mouth daily. TK 1 T PO BID	60 tablet	0
• MEN'S MULTI-VITAMIN ORAL	Take by mouth.		

No current facility-administered medications on file prior to visit.